

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Computer Readable Form (CRF)?:: NO
Title:: NaCT AS A TARGET FOR LIFESPAN
EXAPANSION AND WEIGHT
REDUCTION
Attorney Docket Number:: 275.00080101
Total Drawing Sheets:: 44
Licensed US Govt. Agency:: National Institutes of Health
Contract or Grant Numbers:: DA10045, HD33347, HL64196, HD44404



INVENTOR INFORMATION

| | |
|---|-------------------------|
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | USA |
| Status:: | FULL CAPACITY |
| Given Name:: | Vadivel |
| Family Name:: | Ganapathy |
| City of Residence:: | Matinez |
| State or Province of Residence:: | GA |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 3810 Shoal Creek Court |
| City of Mailing Address:: | Martinez |
| State or Province of Mailing Address:: | GA |
| Country of Mailing Address:: | USA |
| Postal or Zip Code of Mailing Address:: | 30907 |
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Japan |
| Status:: | FULL CAPACITY |
| Given Name:: | Katsuhisa |
| Family Name:: | Inoue |
| City of Residence:: | Nagoya |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | 401-2-11 Shirosuna-chou |
| | Mizuho-ku |
| City of Mailing Address:: | Nagoya |
| Country of Mailing Address:: | Japan |
| Postal or Zip Code of Mailing Address:: | 467-0056 |
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | USA |
| Status:: | FULL CAPACITY |
| Given Name:: | You-Jun |
| Family Name:: | Fei |
| City of Residence:: | North Augusta |
| State or Province of Residence:: | SC |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 2011 Torry Avenue |
| City of Mailing Address:: | North Augusta |
| State or Province of Mailing Address:: | SC |
| Country of Mailing Address:: | USA |
| Postal or Zip Code of Mailing Address:: | 29841 |

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-Provisional of | 60/459,441 | 04/01/03 |
| This Application | Non-Provisional of | 60/428,469 | 11/22/02 |

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

Assignee Name:: Medical College of Georgia Research
Street of Mailing Address:: 1120 15th Street
City of Mailing Address:: Augusta
State or Province of Mailing Address:: GA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 30912